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ABSTRACT

New Horizons is a nonschool program that demystifies and communicates essential information on basic life skills and reproductive health to Egyptian girls and young women aged 9-20. The program consists of 100 hour-long sessions, each including an introduction to a specific topic, review of group knowledge level, discussion around key points displayed on a poster, assessment, and follow-up activity. Topic categories are identity, rights and responsibilities, nutrition, health, first aid, child development, environment, small business projects, and for those over age 12, adolescence, violence against women, marriage, pregnancy, family planning, and sexually transmitted diseases. The program was developed in three upper Egyptian rural governates with low female education and literacy. A diverse group of nongovernmental organizations (NGOs) assembled a team of fieldworkers who identified rural girls' problems and needs, chose 17 topics as the foundation of program materials, trained local volunteer facilitators, and evaluated early field tests. Notable program features include a comprehensive assortment of topics, an integrated approach to working with rural parents and communities, cultural and social sensitivity, simple manuals for facilitators, and replicability. Over 100 New Horizons Girls' Learning Centers now operate in four governates. Positive program impacts include changing traditional harmful practices and attitudes, building girls' confidence and status, creating demand for literacy and education, and encouraging girls to share new ideas within the family. Appendices list NGO program developers, program topics, and a chronology of program development. (SV)

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ED 434 795

NEW HORIZONS: AN EMPOWERMENT PROGRAM FOR EGYPTIAN ADOLESCENT GIRLS

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I. PROJECT OVERVIEW

The Partnership Projects for Girls and Young Women was approved by the United States Agency for International Development (USAID/Cairo) in September 1994. It serves as an umbrella grant with the Centre for Development and Population Activities (CEDPA) playing a leadership and advisory role to Egyptian subgrantee partners who are responsible for implementing the various components of the project. Egyptian Non-governmental Organizations (ENGOs) will be funded over a five-year period to carry out advocacy, training and services for girls and young women living in underserved areas in Egypt.

The ***goal*** of the Partnership Projects for Girls and Young Women is to improve the health and educational status of girls and young women living in Egypt and expand their life options. The project will strengthen and expand services at the community level, while simultaneously mobilizing national and governorate leaders to advocate for gender equity and promote a policy environment favorable to the needs of girls and young women.

Strategic objectives include the following:

- Mobilize leadership at the national, governorate and community levels to close the gender gap in education and reproductive health services;
- Improve life skills, self-confidence and social competence in girls and young women;
- Reduce the gender gap in girls' education;
- Improve the health and reproductive health in girls, young women and young couples; and
- Strengthen the capacity of local institutions to plan and implement sustainable programs.

II. BREAKING THE SILENCE ON REPRODUCTIVE HEALTH EDUCATION IN EGYPT

Three Upper Egyptian governorates, Beni Suef, Fayoum, and Minya were chosen for the pilot phase of the project because of their low female education and literacy indicators. For example the female to male ratio of primary enrollment is less than 35 percent in Minya and less than 40 percent in Fayoum and Beni Suef, and in rural areas the ratio is even lower. Because of such low access to education, it was anticipated

that there would be significant numbers of out-of-school girls with limited means for improving their skills or life options.

The Partnership Project was designed to build on CEDPA's previous work with adolescent girls in Asia, Latin America and Sub-Saharan Africa, where NGO partners had implemented *Choose a Future!*, a nonformal education program designed to increase girls' self-esteem, and confidence and help them acquire basic life skills. An initial activity under the Partnership Project, therefore, was to adapt this program to the Egyptian context.

The result is the *New Horizons* program for adolescent girls. *New Horizons* is a nonformal education program designed to demystify and communicate essential information in the areas of basic life skills and reproductive health to Egyptian girls and young women ages nine to twenty. Its practical aim is to empower women to make informed life choices through a carefully designed program of information and awareness.

New Horizons consists of two manuals:

- ***One: Basic Life Skills*** for all ages starting at 9 years old. This includes sessions on girls' identity, rights and responsibilities, health and nutrition, environment and skills training.

- ***Two: Reproductive Health*** education for older adolescents starting at age 12.

Who is it for?

Although the program was initially developed for disadvantaged girls and young women living in rural Upper Egypt, *New Horizons* was discovered to be successful with both illiterate and literate girls as well as adolescents living in urban areas. Its practical and useful curriculum makes it an effective intervention wherever girls and young women lack access to basic information, thus limiting their ability to make informed life choices.

How does it work?

New Horizons is comprised of one hundred carefully designed and structured sessions and includes a kit of colorfully illustrated posters, two instructor's manuals and cassette tapes with songs, poetry and drama. Each one of the one hundred hour-long sessions covers one subject area and is delivered using the following simple pattern:

- Introduction of session topics through a song, story, drama or related activity;
- Review of the group's knowledge level;
- Topic discussions usually organized around key points displayed on a poster;
- Wrap-up assessment to verify correct assimilation of the main messages; and
- Follow up activity to be carried out in class or at home.

The program is easy to use, effectively communicates key messages through a process of learner-centered dialogue and is a natural springboard for further community work and initiatives.

How was it developed?

In January 1995, a needs assessment was conducted by a curriculum development specialist to develop a strategy for adapting *Choose a Future!* to Egypt. A participatory approach using fieldworkers as materials developers was proposed. The development process would take place over a year through a series of six workshops. The objectives of the workshops were to develop a training program that would meet the needs of rural girls, and to strengthen the capacities of NGO staff to deliver such programs. Two consultants, a curriculum development specialist and a research specialist facilitated the work.

This proposed plan was a significant departure from traditional curriculum development methods used in Egypt, which can be academic in nature and conducted in isolation from the client. Two unique features of the approach were:

- **participatory:** Representatives from a wide range of NGOs in the project zone would comprise the materials development team.

- **comprehensive:** The process would include the entire cycle of development--identifying the problem; conducting a needs assessment; drafting, testing, and revising materials; training; and evaluation.

It was important that the materials developers represented a diverse group of NGOs so that ownership of the program would not be limited to a sole NGO and the end product would be accepted widely throughout Egypt.

Equally important was to convey the idea to the fieldworkers that interventions need to be part of a coherent system built on the use of needs assessment tools, a training program, supervision and monitoring support, periodic reviews and modifications of the program based on objective data, and constant monitoring of results. Although this is the ideal approach to designing and implementing programs, the delivery of social services in Egypt often takes place on an ad hoc basis with limited follow up and evaluation.

Step One: Build the Materials Development Team

The first step in the process was to identify the NGOs that would make up the materials development team. Grants had been initially provided by the project to the Institute for Training and Research in Family Planning (ITRFP) and the Coptic Evangelical Organization for Social Services (CEOSS), both long-time CEDPA partners. To create full representation of the project zone, an additional six NGOs were identified. The NGOs then nominated fieldworkers to participate in the workshops. The final team was a balanced group of both Muslims and Christians, men and women, young and old, and professionals and volunteers. It was, in essence, a microcosm of the client communities.

Step Two: Identify the Problem and Assess Needs

The first workshop was held the first two weeks of April 1995. Representatives of selected NGOs, mostly fieldworkers from rural villages, were asked to identify sources of information that would provide an understanding of rural girls' needs. The remainder of the workshop was devoted to developing systematic ways--through preparation of data collection instruments and focused interviews--to collect information on training needs from these information sources. With the assistance of the curriculum development and evaluation specialists, the fieldworkers accomplished the following:

- Described their assessments of the needs and conditions of rural girls, and analytically sorted these needs into intervention categories that became advocacy, knowledge, and skills. A re-sorting resulted in, "needs we can address" and "needs beyond our capacity to address".

- Developed a household questionnaire to collect information on families' histories of participation in education programs, and their present knowledge and attitudes about general awareness issues.

- Adapted existing life skills/basic competency tests for use in determining the extent of the girls' present knowledge and skills.

- Practiced "focal group" techniques to elicit attitudes about the educational needs of girls in discussions with individual groups of fathers, mothers, boys and girls.

The second week was devoted to field testing the instruments in several participating communities. During the interim period between the first and second workshops, the fieldworkers returned to their communities to collect the required data.

Step Three: Develop the Program Framework

The purpose of the second workshop was to select appropriate materials to be used in *New Horizons* and to develop nonformal learning modules for girls and young women. Using the information from the needs assessment survey, the fieldworkers drew up a list of 17 topics that would be the foundation of the program.

After the team had identified the scope of the curriculum, the outline was further broken down into units and sessions. The materials developers were divided into working groups of three to four to draft the individual one-hour sessions that comprised each unit. The curriculum development specialist had prepared packets of background materials on each topic in advance, which were given to each working group. Rather than have each group pore through primary source materials, the consultant did an initial distillation of information and knowledge so the groups would not get distracted by unnecessary, extraneous information. The ultimate criteria for including a specific piece of information was simple: Does an adolescent girl need to know this to make informed decisions and take action to improve her life?

Each individual in the small groups was assigned a certain number of resource materials to read and then summarize its content verbally to the working group. This ensured that the fieldworkers fully understood the technical information. After selecting the information to be included in the session, the small group worked together to develop the methods for transmitting the key messages, either through a role play, dialogue or poster. Agreement had to be reached among the group members before anything was committed to paper.

When each unit was ready, it was presented to the entire team for comments. Once differences of opinions were thrashed out, technical points clarified and consensus reached, the draft unit was ready for piloting.

Step Four: Prepare for Fieldtesting

The third workshop focused on preparations to begin field testing the draft sessions. The fieldworkers developed both a training program to teach facilitators how to utilize the sessions and a management plan for the field trials. They also honed their own interactive discussion skills since the effective use of this technique by the facilitators would be key to program success.

The purpose of the field testing was multi-fold:

- to ensure the appropriateness and effectiveness of key messages;
- to collect data for revising the materials;
- to get feedback for strengthening facilitator training; and
- to test the efficacy of support instruments such as supervisory forms that would be added to the manuals.

To reinforce the concept that programmatic decisions must be based on data versus opinions or perceptions, the fieldworkers developed three instruments for collecting information during the piloting. These included a classroom observation form, a student engagement form, and a teacher interview form.

Step Five: Fieldtest

During the fall, winter, and spring of 1995-1996, the NGO fieldworkers trained local volunteer facilitators to conduct sessions using the draft materials In addition, acting in their capacity as supervisors/researchers, the fieldworkers collected observation data and interview information during visits to classes. Steps three and five were repeated twice during the process: a workshop was held to draft new sessions, then the sessions were piloted in the field, the team reconvened to share feedback and observations and then draft a new set of sessions, which were piloted in the field. A seamless feedback system had been created.

Step Six: Evaluate and Finalize

In the final workshop, the analyzed and summarized field data, along with first-hand observations of the fieldworkers, served as the basis for modifying the sessions and clarifying poster messages. A number of sessions were added to complete topics, and important decisions were made about formats, including the suggestion that the facilitator's guide be divided into two manuals, one for basic life skills and the other for reproductive health. The rationale behind this separation was to ensure that, due to the sensitive nature of the reproductive health sessions, trust was first developed with the community by only exposing them to the "safer" topics included in manual one. Once families became used to the idea of their daughters participating in the group discussions and the parents could see the value of their daughters participating, the community would then be more prepared to accept the introduction of reproductive health education. Once again, for the sake of not offending local sensibilities, it was also important to stress that only girls over 12 years old would move on to the second manual.

The experiences of the fieldtesting also led to modifications in the content of facilitator training, clarifications of the supervisory protocols, and an improved monitoring form. Thus, by the end of the sixth workshop, the materials and support systems were finalized and *New Horizons* was a reality.

III. INNOVATIVE FEATURES OF *NEW HORIZONS*

Comprehensive program for adolescent girls. The program treats every aspect of a young girl's life by starting with her self-identity, role in the family and larger community, rights and responsibilities and then provides important information in the areas of health, nutrition, first aid, child development, the environment, practical skills needed in the home, adolescence, the menstrual cycle, traditional harmful practices such as FGM, early marriage and bridal deflowerment, marriage, pregnancy, family planning, and protection against sexually transmitted diseases (STDs) and AIDS.

Integrated approach to working with communities. Success of the program is dependent on parental acceptance and endorsement. To create support from the community, the first session in the program is with the parents. Throughout the implementation of the program, parents are encouraged to attend and transfer of information from the class to the home is highly desired.

Culturally and socially sensitive. The program was developed by fieldworkers who work at the community level and understand and appreciate the point of view of rural Egyptians. Program materials, therefore, have a built-in sensitivity to prevailing community attitudes and beliefs, thus facilitating receptivity and preparing the way for lasting change.

User friendly. The manuals have been designed in a clear and concise manner so that facilitators with a high-school level education can effectively implement the program. The language is simple and information has been condensed so that it is accessible. The posters easily communicate the intended messages.

Replicable and sustainable. The program is replicable and sustainable since few outside resources are required by the community. For example, the program can be implemented in a school, mosque, church, NGO center or even a private home--in any place where a group of 15-20 girls can gather in a circle. Even under a tree in a courtyard!

D. INITIAL IMPACTS OF THE PROGRAM

To date over 100 New Horizons Girls' Learning Centers are functioning in over four governorates. More than 10,000 adolescent girls have completed the program. Below are some examples of the impact *New Horizons* has already had in the field.

Changing Traditional Harmful Practices and Attitudes

In the four communities in Minya governorate, 131 girls did not have FGM performed on them and 17 families agreed not to impose the bridal deflowerment practice on their daughters during the period January-March 1997.

A recent class graduated from villages in Beni Suef governorate. One of the comments during the course was that it was the first time for girls to learn about the female reproductive system.

One of the students in Itsa El-Ballad, a town in Minya governorate, was engaged when she was under 16 years of age (the legal age of marriage in Egypt for girls). She was not happy at all and went to the facilitator for help in ending the engagement. So the facilitator enlisted the help of a sheikh and went to the girl's house to convince the family to postpone the engagement. Her family was convinced and engagement was broken.

"Our parents have agreed not to circumcise our younger sisters." "We will not circumcise our own daughters."

"We have gone together with our teacher to convince mothers not to go through the bridal deflowerment process with their daughters."

"I went to my father to convince him of the harmful effects on my sister if he marries her early. He was convinced and decided to wait until she was older."

"After the units on cleanliness, I became conscious of keeping my clothes and myself clean. I try to eat the proper things, too, and explain to my mother what she should eat when she is pregnant."

After a girl had discussed with her father equity issues regarding differences in which sons and daughters are treated within the family, her father started bringing her medicine as he had been doing for his sons.

Building girls' Confidence and Status

After completing the *New Horizons* course, two girls started a micro-enterprise and became income-generating members of their households. They started by selling sandwiches and sweets next to the school, then commuted into a nearby town to bring back shawls and clothing they could sell. The girls express themselves using more educated forms of speech than are usual for rural girls, and they refer to elements from the course content with their proper scientific names. They use logical arguments and information to persuade others.

Their opinions are listened to at home and valued. They learn to negotiate effectively with parents: "We explain why some practices are bad; and convince our parents not to apply them to our younger sisters or ourselves in the future."

They advocate for changes in behavior that affect themselves and their peers.

"It is the first time people pay attention to what interests us. We now know more than other people and they come to us to ask what we learned in class."

"Since the course, when I meet (challenges) I know how to deal with them."

Creating Demand for Literacy and Education

Participation in the program has motivated girls to take advantage of existing social services in their communities. For example, learning about principles from the Convention on the Rights of the Child (CRC) such as the right to education, has opened up new possibilities for girls and they have the confidence and desire to secure their rights.

"We were fighting to get girls to come to literacy class before the *New Horizons* program, but now this year the girls are begging us to open more classes. In one village, for example, the number of girls in literacy classes has jumped from 120 last year to 200 this year."

In Bani Ghani one of the facilitators asked for books from the NGO and formed a small library which participants in the classes now use.

Thirteen girls finished the literacy program, passed the government exam, and went on to the government preparatory school. Some of the girls were under the minimum entry age of fourteen and were initially denied admission. However since they wanted to continue their education so badly, they persevered and NGO members advocated their case to the local education authorities. Exceptions were made and the girls were able to enter the government school.

Sharing New Ideas within the Family

Girls talk about the program with mothers and fathers: "After class we go home and our parents ask what we have learned in class, and we tell them."

Girls communicate ideas to friends: "Of course, we talk among ourselves a lot about these subjects and tell our friends who are not in the class what we have learned."

"Our mothers for the first time discovered their rights through us and now take a stronger position supporting decisions about us in the family."

Important Lessons from the Pilot Phase

- With the appropriate preparation of the community by the implementing NGO, topics considered "too" sensitive and still cloaked in silence, such as early marriage, bridal deflowerment and female circumcision, can be discussed in the classes.

- Demand for the program is high and continues to expand in spite of the fact that financial incentives are not provided to the girl to encourage her to attend or to her family to allow her to participate. The content of the course has proven to be an incentive enough to attract clients.

- The New Horizons program appears to be an effective channel for a variety of "development messages". The girls and young women are receptive to messages which are relevant to their own life conditions and concerns and they claim they are willing to change negative practices in instances where they are able to influence them. They also seem ready to spread these messages among family members and neighbors.

- The focus on young, mostly out-of-school girls helps to empower what is otherwise the most disadvantaged group in rural communities and families, and gives them heightened respect. The newly gained understanding of rights and responsibilities, articulation of opinions, negotiation of contradictory points of view, greater balance in status and power relations within the family and the involvement of girls in decisions about their own lives all helps prepare community members for a greater role in civil society.

V. LARGE-SCALE IMPLEMENTATION OF *NEW HORIZONS*

Given the extremely encouraging results from the pilot phase of the *New Horizons* program for adolescent girls, a wider implementation strategy was undertaken in January 1998. CEDPA aims increase the number of girls and young women receiving *New Horizons* services by creating a nation-wide network of NGOs and government entities implementing the *New Horizons* program.

VI. CONCLUSION

Initial results of the program have, indeed, been very encouraging. Field visits by consultants and project staff have shown that girls are not only learning content and acquiring new problem-solving skills, but they have also been able to describe how this new knowledge would change their own behavior. A very important lesson is that reproductive health education can be successfully introduced to rural communities in Egypt without major disruptions within either the family or larger community.

Although it cannot be guaranteed, of course, that all girls will move from awareness to action, it **is** clear that without this information, their ability to improve their lives would be significantly weakened.

It is important to keep expanding the network of *New Horizons* providers in order to create more space in which adolescent girls would be empowered to take charge of their own lives. It is also critical to continue rigorous monitoring and follow up so that project impacts can be recognized, documented and shared.

Annex 1

New Horizons Program Developers

Institute for Training and Research for Family Planning	Alexandria
Coptic Evangelical Organization for Social Services	Minya, Cairo
Community Development Association-Tersa	Fayoum
Community Development Association-Abguig	Fayoum
Community Development Association-Fidmeen	Fayoum
Association for Women's Enhancement and Protection of the Consumer	Beni Suef
Young Muslin Women's Association	Beni Suef

Annex 2

MANUAL ONE: BASIC LIFE SKILLS
TABLE OF CONTENTS

Unit	Session
Introduction	1. Introducing the program to the community
Girl's Identity	1.Girl's perception of herself 2.Family's perception of the girl 3.Society's perception of the girl
Girl's Rights and Responsibilities	1.Right to education and health care 2.Right to participate in decisions affecting her 3.Right to work 4.Right to political participation 5.Responsibilities
Nutrition	1.Balanced Diet 2.Diet of a pregnant woman 3.Diet of a lactating woman 4.Breast feeding 5.Diet of a young child 6.Diet of an adolescent and an elderly person
Health	1.Personal hygiene 2.Household cleanliness 3.Immunization-Triple vaccine (tetanus, whooping cough and diphtheria) and polio 4.Immunization-measles and TB 5.Immunization-Hepatitis B 6.Childhood illnesses-dehydration 7.Childhood illnesses of the digestive system 8.The respiratory system 9.Childhood illnesses-acute respiratory infection 10.Care of eyes 11.Care of teeth and ears 12.Diseases of the skin 13.Parasites transmitted through food and touch. 14.Parasites transmitted through the skin 15.Smoking 16.Drug abuse

First Aid	1.Cuts and bleeding
	2.Fractures and burns
	3.Poisoning and suffocation
	4.Snake and insect bites, and rabies,
	5.Shock and electric shock
Child Development	1.Physical development
	2.Teething
	3.Sleep and toilet training
	4.Development of the senses
	5.Intellectual development
	6.Language development
	7.Emotional and social development
	8.Ways children learn
	9.Dealing with childhood behaviors
	10.The child's rights
Environment	1.The concepts of environment and pollution
	2.Air pollution
	3.Harmful effects of air pollution
	4.Water pollution
	5.Land pollution: urban
	6.Land pollution: rural
	7.Our responsibility to the environment
Small projects	1.Management of finances
	2.Management of time
	3.Management of household chores
	4.Nurseries
	5.Vegetable cultivation from seeds
	6.Vegetable cultivation from seedlings
	7.Drying vegetables
	8.Making tomato paste
	9.Making raisins
	10.Drying apricots
	11.Making yoghurt
	12.Solar oven
	13.Patchwork projects
	14.Raising silkworms
	15.Raising poultry
	16.Raising goats and sheep
	17.Human diseases from animals-parasites
	18.Human diseases from animals-bacteria
	19.Human diseases from animals-viruses
Review	

MANUAL TWO: REPRODUCTIVE HEALTH
TABLE OF CONTENTS

Unit	Session
Introduction	1. Introducing the program to the community
Adolescence	1.Adolescent stage of human development 2.Physical changes of adolescence 3.Menstruation 4.Bodily changes in males 5.Other changes during adolescence 6.Dealing with the opposite sex
Violence against women	1.The kinds of violence against women 2.Female genital mutilation 3.Harmful physical and psychological effects 4.History of FGM and misconceptions 5.Religious views of FGM 6.Official and international views of FGM
Marriage	1.The meaning of marriage 2.How marriage practices have changed over time 3.Early marriage 4.First night of marriage 5.Proof of virginity and misconceptions
Pregnancy and Delivery	1.Becoming pregnant 2.The growth of the foetus 3.Getting ready for delivery 4.Delivery and caring for the new mother
Family Planning	1.Importance of family planning 2.Family planning methods: pills and coils 3.Family planning methods: other means
Sexually trans-mitted and dangerous diseases	1.Sexually transmitted: syphilis, others 2.Sexually transmitted: gonorrhea, others 3.Dangerous diseases: introduction to AIDS 4.Dangerous diseases: transmission of AIDS 5.Dangerous diseases: protection from AIDS 6.Dangerous diseases: misconceptions about AIDS 7.International efforts to combat AIDS 8.Hepatitis C transmission, symptoms, protection
Review	

Appendix 3

CHRONOLOGY OF THE DEVELOPMENT PROCESS

Workshop 1 (April 95): Development of Needs Assessment Tools

Workshop 2 (May 95): Analysis of the needs assessment and development of 21 sessions on general awareness (identity, rights and responsibilities, health, nutrition).

Workshop 3 (June 95): Training of trainers in the use of the sessions, development and testing of the evaluation tools for the piloting phase.

1st Pilot Phase (August-September 95): Master trainers piloted the sessions in 10 communities, 49 village facilitators were trained, 291 girls participate in the program.

Workshop 4 (October 95): Developed sessions on reproductive health.

2nd Pilot Phase (Dec 95-March 96)

Workshop 5 (March 96): Developed sessions on the environment, STDs, child development and small projects.

3rd Pilot Phase (April-June 96)

Workshop 6 (June 96): Revised the entire program based on results from the evaluation tools, discussions with Master Trainers and field visits by an evaluation specialist. The entire program was reviewed by UNICEF technical officers to ensure accuracy of the information.